



CERRO COPPER PRODUCTS CO.

P.O. Box 66800

St. Louis, MO 63166-6800

318/337-6000

176400
~~153621~~

RECEIVED

APR -7 1993

EPA/DLPC

April 6, 1993

Facility Reporting Unit
Illinois Environmental Protection Agency
Bureau of Land
Post Office Box 19276
Springfield, Illinois 62794-9276

Re: 1992 Hazardous Waste Report for Cerro Copper Products
Co., U.S.E.P.A. I.D. No. ILD080018914, I.E.P.A. No.
1631210008

Ladies or Gentlemen:

Enclosed are the corrected copy of the 1992 Hazardous Waste Report
for Cerro Copper Products Co. (U.S.E.P.A. I.D. No. ILD080018914,
I.E.P.A. I.D. No. 1631210008) and the error message. The
corrections have been made where requested in red ink.

Should additional information be required, please contact my
office.

Very truly yours,

CERRO COPPER PRODUCTS CO.

Joseph M. Grana
Manager of Environmental
Energy and Health Services Group

enc.

000000



A member of The Marmon Group of companies



CERRO COPPER PRODUCTS CO
3000 MISSISSIPPI HWY 3
SAUGET IL
62206

ILLINOIS Environmental Protection Agency
1992 Hazardous Waste Report
Form IC- Identification and Certification

Instructions for this form found on pages 6 - 12.

This form must be completed for the location shown on the above label. If you need additional forms for other locations, call IEPA.

Sec. I - Generator Status

A. RCRA Generator Status (Enter one code)

- 1 = LOG
2 = SOG
3 = CESOG
4 = Nongenerator (Continue to Box B)

COPY

RECEIVED

FEB 26 1993

IEPA/DLPC

B. Reason for not generating (Check all that apply)

- 31 ☐ Never generated
32 ☐ Out of business
33 ☐ Only excluded or delisted waste generated
34 ☐ Only non-hazardous waste generated

- 35 ☐ Periodic generator, none in reporting year
36 ☐ Waste minimization activity
37 ☐ Other (Specify in comments box)

C. Status Time Period: 1 = Expected to be the same next year and following years. 2 = Expected to change next year.

Section II. Enter the SIC Code(s) for this location.

3341 3351 3366

Section III. On-Site Waste Management Status (enter one code for each question)

- A. ☐ RCRA regulated (permitted or interim status) storage
B. ☐ RCRA permitted or interim status treatment, disposal, or recycling
C. ☐ RCRA exempt treatment, disposal, or recycling

Section IV. Waste minimization activity during this reporting year (Enter Y [Yes] or N [No] for questions A-D)

- A. ☒ Did this site begin or expand a source reduction activity this year? If no, list factors in D first column.
B. ☒ Did this site begin or expand a recycling activity this year? If no, list factors in D second column.
C. ☒ Did this site systematically investigate opportunities for source reduction or recycling?
D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction or on-site or off-site recycling activities this year, if yes, enter Y below.

S. Reduc. Recyc.

- 61 ☐ 71 ☐ Insufficient capital to install new source reduction equipment or implement new source reduction practices
62 ☐ 72 ☐ Lack of technical information on techniques applicable to the specific production processes
63 ☐ 73 ☐ Not economically feasible: cost savings in waste management or production will not recover the capital investment
64 ☒ 74 ☒ Concern that product quality may decline as a result
65 ☐ 75 ☐ Permitting burdens
66 ☐ 76 ☐ Previously implemented -- additional reduction/recycling does not appear to be technically feasible
67 ☐ 77 ☐ Previously implemented -- additional reduction/recycling does not appear to be economically feasible
68 ☐ 78 ☐ Previously implemented -- additional reduction/recycling does not appear to be feasible due to permitting requirements
69 ☐ Technical limitations of the production processes
70 ☐ Requirements to manifest wastes inhibit shipments off site for recycling
80 ☐ Financial liability provisions inhibit shipments off site for recycling
81 ☐ Technical limitations of production processes inhibit shipments off site for recycling
82 ☐ Technical limitations of production processes inhibit off-site recycling
83 ☐ Lack of permitted off-site recycling facilities
84 ☐ Unable to identify a market for recyclable materials
85 ☐ Other (Specify in Comments box)

Sec. V. This Agency is authorized to require this information under Revised Statutes, 1981, Chapter III-1/2, Sections 1004 and 1021 (IC). Disclosure of this information is required. Failure to do may result in a civil penalty up to \$25,000 for each day the failure continues, a fine up to \$1,000,000.00 and imprisonment up to 5 years. This form has been approved by the Permit Management

CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for false information, including the possibility of fine and imprisonment.

Please print: Last Name Conreux First Name Robert B. Title V. P.-Manufacturing

C. Signature Robert E. Conreux Date of signature 2/23/93

COMMENTS: Enter Y (Yes) if you have comments regarding this page and attached documents.
Prepared: QNB 2/10/93 Checked: ONS 2/10/93 Page 1001 of 12

ILLINOIS Environmental Protection Agency
1992 Hazardous Waste Report
Form GM - Waste Generation and Management

Instructions for this form found on pages 13 - 30.

Sec. I WASTE DESCRIPTION

A. Waste Description: Solvent Still Bottoms Sludge, 1, 1, 1 - Trichloroethane
B. EPA Hazardous Waste Code F 0 0 2
C. SIC code 2 8 1 2
D. Origin Code 5 System type M D 2 E. Source code A 1 9
F. Point of measurement 2 G. Waste form code B 6 0 1
H. Radioactive mixed 2 I. TRI constituent 3
J. CAS numbers: 1. 7 1 - 5 5 - 6 2. - 3. -
4. - 5. -

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 Density 8 . 3 7 lb/gal (Same unit and density must be used for all quantities on this page)
Quantity generated in: B. Previous reporting year 1 6 5 0 0 C. Current reporting year 1 1 0 0 0
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M Quantity managed on-site this year -
On-Site System 2: System Type M Quantity managed on-site this year -

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
Site 1: Name and address of facility:

Clayton Chemical Co.
1 Mobile Ave., Sauget, IL 62201

B. U.S. EPA ID No. of facility waste was shipped to: 1 1 D 0 6 6 9 1 8 3 2 7
C. System type shipped to M 0 2 1 0 2 2 D. Off-site availability code 1
E. Total quantity shipped in this reporting year: 1 1 0 0 0

Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: -
C. System type shipped to M D. Off-site availability code -
E. Total quantity shipped in this reporting year: -

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W - W - W - W - C. Other effects (Y=Yes, N=No) -
D. Quantity recycled in reporting year due to new activities -
E. Activity/production index - F. Reporting year Source reduction quantity -

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N
Quantity stored at year end and for 90 days or more that was generated this reporting year: -
Quantity stored at year end that was generated prior to this reporting year: -

COMMENTS: - Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

ILLINOIS Environmental Protection Agency
1992 Hazardous Waste Report
Form GM - Waste Generation and Management

Sec. 1 WASTE DESCRIPTION

A. Waste Description: Waste Flammable Liquid (Aliphatic and Aromatic Hydrocarbons)
B. EPA Hazardous Waste Code D 0 0 1
C. SIC code 3 3 5 1
D. Origin Code 1 System type M
E. Source code A 3 3 A A
F. Point of measurement 1
G. Waste form code B 2 1 9
H. Radioactive mixed 2
I. TRI constituent 2
J. CAS numbers: 1. _____ 2. _____ 3. _____
4. _____ 5. _____

A. UOM ¹¹⁵ Density ¹¹⁶ 9.5 lb/gal (Same unit and density must be used for all quantities on this page)
Quantity generated in: B Previous reporting year ¹²⁰ 8 2 5 0 C. Current reporting year ¹³⁰ 5 5 0
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? ^N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type ^M 141 Quantity managed on-site this year ¹⁴² _____
On-Site System 2: System Type ^M 141 Quantity managed on-site this year ¹⁴² _____

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Safety-Kleen Corp.
633 East 138th St. Dolton, IL 60419

B. U.S. EPA ID No. of facility waste was shipped to: I L D 9 8 0 6 1 3 9 1 3

C. System type shipped to M 0 6 1

D. Off-site availability code 1

E. Total quantity shipped in this reporting year: 550

Site 2: Name and address of facility:

8. U.S. EPA ID No. of facility waste was shipped to:

C. System type shipped to M_____

¹⁸⁷ D. Off-site availability code

E. Total quantity shipped in this reporting year:

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W ___ W ___ W ___ W ___ C. Other effects (Y=Yes, N=No) ___

	228	229	231	234
D. Quantity recycled in reporting year due to new activities				

E. Activity/production index

F. Reporting year Source reduction quantity

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N

Quantity stored at year end and for 90 days or more that was generated this reporting year:

Quantity stored at year end that was generated prior to this reporting year:

COMMENTS: Y Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

1992 HAZARDOUS WASTE REPORT

FORM GM - WASTE GENERATION AND MANAGEMENT

COMMENTS

SECTION I - ITEM G

WASTE FORM CODE B219 - MATERIAL WAS OUT-DATED ROOFING
COMPOUND OR TAR

 Instructions for this form found on pages 13 - 30.

Sec. 1 WASTE DESCRIPTION

A. Waste Description: Waste Cleaning Solution, Stripper Dip Mix

B. EPA Hazardous Waste Code D 0 0 1

C. SIC code 3 3 4 1

D. Origin Code 1 System type M

E. Source code A 2 2 A

F. Point of measurement 1

G. Waste form code B 1 0 2

H. Radioactive mixed 2

I. TRI constituent 2

J. CAS numbers: 1. _____ 2. _____ 3. _____
4. _____ 5. _____

UOM 1 Density 8.30 lb/gal (Same unit and density must be used for all quantities on this page)
Quantity generated in: B Previous reporting year 9101 C. Current reporting year 8801
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M Quantity managed on-site this year _____
On-Site System 2: System Type M Quantity managed on-site this year _____

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:
Safety Kleen Envirosystems
State Highway 146, New Castle, KY 40050

B. U.S. EPA ID No. of facility waste was shipped to: K Y D 0 5 3 3 4 8 1 0 8

C. System type shipped to M 0 6 1 D. Off-site availability code 1

E. Total quantity shipped in this reporting year: 8 8 0 1

Site 2: Name and address of facility:

A. Did new activities in this year result in minimization of this waste? Y Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
 B. Activity W 54 W W W C. Other effects (Y=Yes, N=No) N
 D. Quantity recycled in reporting year due to new activities 0
 E. Activity/production index 1.3 F. Reporting year Source reduction quantity 3540.4

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N
281

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N
282

Quantity stored at year end and for 90 days or more that was generated this reporting year: _____

Quantity stored at year end that was generated prior to this reporting year: _____

Instructions for this form found on pages 13 - 30.

A. Waste Description: Waste Cleaning Solution, Phosphoric Acid

B. EPA Hazardous Waste Code D 0-0-2

C. SIC code 3344

D. Origin Code **1** System type **M**

F. Point of measurement

H. Radioactive mixed 2

J. CAS numbers: 1. 7 6 6 4 - 3 8 - 2 2 - 3

UOM 1 Density 1 0.5 lb/gal (Same unit and density must be used for all quantities on this page)

Quantity generated in : B Previous reporting year 9 9 0 . 0 C. Current reporting year 1 0 4 5 . 0

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)

On-Site System 1: System Type M _____ Quantity managed on-site this year _____

On-Site System 2: System Type M	Quantity managed on-site this year
---------------------------------	------------------------------------

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:
Heritage Environmental Services, Inc.
7901 N. Morris St., Indianapolis, IN 46231

B. U.S. EPA ID No. of facility waste was shipped to: I N D 0 9 3 2 1 9 0 1 2

C. System type shipped to ~~M-078~~ *07A* D. Off-site availability code ¹⁷⁰ 1

E. Total quantity shipped in this reporting year: 1045.0

• 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: _____

C. System type shipped to M_____

E. Total quantity shipped in this reporting year: _____.

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W ___ W ___ W ___ W ___ C. Other effects (Y=Yes, N=No) ___

D. Quantity recycled in reporting year due to new activities _____

E. Activity/production index _____

-A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N

12. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N

Quantity stored at year end and for 90 days or more that was generated this reporting year: _____

Quantity stored at year end that was generated prior to this reporting year: _____

COMMENTS: Y Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

Sec. III C System Type Shipped to: ~~1078~~ ^{M077}

Handling codes as given in 40CFR
Part 265 Appendix I

Storage: S01 - Container (barrel, drum, etc.)

Treatment: T23 - Chemical Precipitation
T31 - Neutralization
T40 - Filtration
T37 - Coagulation
T21 - Chemical Fixation

Disposal: D85 - Other (not specified)

CECRO CORP. PRODUCTS CO
3000 MISSISSIPPI HWY 3
SAUGE IL
62206

ILLINOIS Environmental Protection Agency
1992 Hazardous Waste Report
Form GMR - Waste Generation and Management

Instructions for this form found on pages 13 - 30.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Oil, Halogen Contaminated
B. EPA Hazardous Waste Code F 0 0 1 D 0 0 1 D 0 0 5 D 0 0 8
C. SIC code 3 3 5 1
D. Origin Code 1 System type M E. Source code A 5 1 A 5 3 A 5 4
F. Point of measurement 2 G. Waste form code B 2 0 6
H. Radioactive mixed 2 I. TRI constituent 3
J. CAS numbers: 1. 7 1 - 5 5 - 6 2. 3.
4. 5.

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

UOM 1 Density 7.86 lb/gal (Same unit and density must be used for all quantities on this page)
Quantity generated in: B. Previous reporting year 4 9 7 6 5 0 C. Current reporting year 4 2 4 3 8 0
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M Quantity managed on-site this year
On-Site System 2: System Type M Quantity managed on-site this year

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
Site 1: Name and address of facility:
Holnar/Safety Kleen
P. O. Box 456, Clarksville, MO 63336
B. U.S. EPA ID No. of facility waste was shipped to: M 0 0 2 9 7 2 9 6 8 8
C. System type shipped to M 0 5 1 D. Off-site availability code 1
E. Total quantity shipped in this reporting year: 4 2 4 3 8
Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to:
C. System type shipped to M D. Off-site availability code
E. Total quantity shipped in this reporting year:

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? Y Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W 1 2 W W W C. Other effects (Y=Yes, N=No)
D. Quantity recycled in reporting year due to new activities N/A
E. Activity/production Index N/A F. Reporting year Source reduction quantity 7 3 2 7

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N
Quantity stored at year end and for 90 days or more that was generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:

COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

3000 MISSISSIPPI HWY CG
SAUGET, IL 62206

ILLINOIS Environmental Protection Agency
1992 Hazardous Waste Report
Form GLE - Waste Generation and Management

Instructions for this form found on pages 13 - 30.

Sec. I WASTE DESCRIPTION

A. Waste Description: WASTE SOLVENT; 1, 1, 1 - Trichloroethane
B. EPA Hazardous Waste Code F 0 0 1
C. SIC code 28 3 5 4
D. Origin Code 1 System type M
E. Source code 2A
F. Point of measurement 1
G. Waste form code B 2 2 0
H. Radioactive mixed 2
I. TRI constituent 3
J. CAS numbers: 1. 7 1 - 5 5 - 6 2. 2
4. 4 5. 5

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 Density 8.72 lb/gal (Same unit and density must be used for all quantities on this page)
Quantity generated in: B. Previous reporting year 7 9 7 9 0 0 C. Current reporting year 8 9 6 8 5 0
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? Y Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M 0 2 1 Quantity managed on-site this year 8 9 6 8 5 0
On-Site System 2: System Type M Quantity managed on-site this year 1

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:

Clayton Chemical Co.
1 Mobile Ave., Sauget, IL 62201

B. U.S. EPA ID No. of facility waste was shipped to: IL D 0 6 6 9 1 8 3 2 7

C. System type shipped to M 0 2 1 0 2 2 D. Off-site availability code 1

E. Total quantity shipped in this reporting year: 5 7 8 8

Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: _____

C. System type shipped to M D. Off-site availability code 1

E. Total quantity shipped in this reporting year: _____

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W W W W C. Other effects (Y=Yes, N=No) 227

D. Quantity recycled in reporting year due to new activities 228

E. Activity/production index 243 F. Reporting year Source reduction quantity 251

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end? (Y=Yes, N=No) N

Quantity stored at year end and for 90 days or more that was generated this reporting year: _____

Quantity stored at year end that was generated prior to this reporting year: _____

COMMENTS: _____ Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

6880 MISSISSIPPI RD
SAUGET, ILL 62206

ILLINOIS Environmental Protection Agency
1992 Hazardous Waste Report
Form GM - Waste Generation and Management

Instructions for this form found on pages 13 - 30.

Sec. I WASTE DESCRIPTION

A. Waste Description: Solvent Still Bottoms, 1,1,1-Trichloroethane
B. EPA Hazardous Waste Code F-0-D-P
C. SIC code 2833
D. Origin Code 1 System type M
E. Source code A
F. Point of measurement 1
G. Waste form code B
H. Radioactive mixed 2
I. TFI constituent 3
J. CAS numbers 1 2 3 4 5

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 Density 7.90 lb/gal (Same unit and density must be used for all quantities on this page)
Quantity generated in B Previous reporting year 5425 C. Current reporting year 4563
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1 System Type M Quantity managed on-site this year 125
On-Site System 2 System Type M Quantity managed on-site this year 155

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:

Clayton Chemical Co.
1 Mobile Ave., Saugert, IL 62201

B. U.S. EPA ID No. of facility waste was shipped to: IL D 0 6 6 9 1 8 3 2 /

C. System type shipped to: M 021 022 D. Off-site availability code 1

E. Total quantity shipped in this reporting year: 4563

Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: _____

C. System type shipped to: M D. Off-site availability code 213

E. Total quantity shipped in this reporting year: 214

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? Y Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W 61 W 228 W 231 W 234 C. Other effects (Y=Yes, N=No) N

D. Quantity recycled in reporting year due to new activities 237

E. Activity/production index 244 F. Reporting year Source reduction quantity 262

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end? (Y=Yes, N=No) N

Quantity stored at year end and for 90 days or more that was generated this reporting year: 282

Quantity stored at year end that was generated prior to this reporting year: 273

COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

**ILLINOIS Environmental Protection Agency
1982 Hazardous Waste Report**

6600 MISSISSIPPI AVE
SAUGET

62205

Instructions for this form found on page 31.

1. U.S. EPA ID No. M 0 D 0 3 1 1 0 2 0 2 5

Transporter Name and Address:

Superior Equipment

3283 Ivanhoe

St. Louis, MO 63139

2. U.S. EPA ID No. I L D 0 5 3 9 8 0 2 7 2

Transporter Name and Address:

Mid-West Sanitary Service

P. O. Box 83

Wood River, IL 62095

3. U.S. EPA ID No. M 0 D 0 0 6 4 9 1 2 8 6

Transporter Name and Address:

Commercial Cartage Company

343 Axminster Dr.

Fenton, MO 63026

4. U.S. EPA ID No. I L D 0 0 6 4 9 3 1 9 1

Transporter Name and Address:

Schiber Truck Co.

P. O. Box 52

Hartford, IL 62048

5. U.S. EPA ID No. I L D 0 6 6 9 1 8 3 2 7

Transporter Name and Address:

Clayton Chemical Co.

#1 Mobile Ave.

Sauget, IL 62202

6. U.S. EPA ID No. I N D 0 5 8 4 8 4 1 1 4

Transporter Name and Address:

Heritage Transport Int.

7901 W. Morris St.

Indianapolis, IN 46231

7. U.S. EPA ID No. W I D 9 8 0 9 0 4 7 4 2

Transporter Name and Address:

Schneider Tank Lines

P. O. Box 2356

Greer Bay, WI 54306

8. U.S. EPA ID No. _____

Transporter Name and Address: